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Country programme strategy note**

Côte d'Ivoire

Summary

The Executive Director presents the country programme strategy note for Côte d'Ivoire for a programme of cooperation for the period 2003 to 2007.

The situation of children and women

1. Côte d'Ivoire has 15 million inhabitants, of whom 52 per cent are under 18 years of age. The political situation remains tenuous in the wake of the social and political events of 1999 and 2000. In the 1999 Human Development Index, Côte d'Ivoire ranked 154th out of 174 countries, or nine ranks lower than in 1995. The per capita gross national product (GNP) stands at $670, according to the World Bank (1999). The gross domestic product fell by 2.5 per cent in 2000. Service on the external debt climbed to $1 billion in 1999 and the debt itself to $15 billion. Investment and operating expenditures in the education and health sectors in 1999 represented only 5.4 per cent and 1.6 per cent of GNP, respectively. A third of the population lives below the poverty threshold. A target of immigration because of its economic prosperity in the 1970s, Côte d'Ivoire is witnessing the phenomenon of child trafficking for the purposes of economic exploitation. The Government, with

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** An addendum to the present report containing the final country programme recommendation will be submitted to the Executive Board for approval at its third regular session of 2002.

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the support of its development partners, is currently preparing a strategic poverty reduction framework to ensure the country's eligibility for the Heavily Indebted Poor Countries (HIPC) Debt Initiative.

2. In 2001 Côte d'Ivoire submitted its initial report to the Committee on the Rights of the Child and began to implement the Committee's recommendations. None of the 1990 World Summit for Children goals which the country set for itself in its national plan of action has been achieved. The infant mortality rate and the under-five mortality rate have increased and in 1999 stood at 112 and 171 per 1,000 live births, respectively, as compared with 90 and 150 in 1994. There is a need to investigate the factors behind this rise. The maternal mortality rate remains high at 597 per 100,000 live births (1994). The proportion of births attended by trained personnel is 62 per cent. Despite a fairly good level of geographical access to care (68 per cent) and an increase in immunization coverage for each antigen between 1994 and 1999, the proportion of children who have received three doses of combined diphtheria/pertussis/tetanus vaccine remains relatively low (61.9 per cent in 1999 as compared with 51.4 per cent in 1994). Malaria, acute respiratory infections, diarrhoeal diseases and malnutrition, exacerbated by the poor quality of health care delivery, are the main causes of morbidity and mortality in children. Exclusive breastfeeding during the first four months of life rose from 3 per cent in 1994 to 11 per cent in 2000, mainly because of the Baby-friendly Hospital Initiative. Iodized salt is consumed by only 31 per cent of households. Systematic vitamin A supplementation and national immunization campaigns were introduced in 1999 in order to diminish the high number of children who have never received a vitamin A capsule (67 per cent). Access to drinking water was estimated at 81 per cent in 2000, as compared with 63 per cent in 1988, and 59 per cent of households had hygienic sanitary facilities, as compared with 53 per cent in 1988. The country has faced a cholera epidemic since October 2000 and a yellow fever epidemic since March 2001.

3. The HIV/AIDS pandemic is spreading rapidly and is a major concern. The prevalence rate is estimated at 10.7 per cent for the population as a whole and 13 per cent among pregnant women in urban areas. In six of the country's largest towns, virtually all boys and girls aged 15 to 19 have heard of AIDS. Nevertheless, within that age group, 8 per cent of boys and 17 per cent of girls do not know of preventive methods. Only one third of teenagers say they always use a condom. The prevalence of HIV/AIDS among pregnant girls aged 10 to 14 in Abidjan has grown steadily since 1997. In 2000 this group had the highest infection rate after the 25 to 29-year-old age bracket. Since the start of the epidemic, 420,000 children under 15 years of age have lost their mother or both their parents to HIV/AIDS. Projections indicate that their number could reach 1 million in 2005-2008.

4. The educational system is still facing problems of access, effectiveness and quality, as reflected in: (a) a low net school enrolment rate (57 per cent in 2000); (b) disparities according to region (Bouaké, 64 per cent, and San Pedro, 35.5 per cent) and sex (a gap of 10 percentage points between girls and boys at the national level and up to 22 percentage points in a single department); (c) repetition rates ranging between 20 per cent and 43 per cent from the first to the last year of primary school; (d) low performance rates (32 per cent for girls and 36.5 per cent for boys); and (e) persistent dropout rates (7 per cent of girls and 5.5 per cent of boys drop out of the preparatory course for the first year of primary school).

5. Women continue to suffer discrimination in the family and in society at large, and their rights to health, education, welfare and participation are not always respected. The female illiteracy rate is currently 62 per cent as compared with 40 per cent for men.

6. For many young children, the family and community environment remains scarcely conducive to their physical, psychosocial and cognitive development. Pre-school education reaches 12.6 per cent of children in urban areas as compared with 1.4 per cent in rural areas. With regard to the right to identity, 30 per cent of children have no declared civil status. Moreover, new issues related to child and adolescent welfare are emerging. These include cross-border child trafficking, child labour for the purposes of economic exploitation (14.3 per cent of children aged 6 to 14 engaged in productive labour in 1998 as compared with 10.4 per cent in 1988), and children in emergency situations. The refugee population is estimated at 120,000, of whom 20,000 are school-age children who will enter the Ivorian school system as a result of recent steps taken by the authorities.

Lessons learned from past cooperation

7. Programme implementation, the mid-term review, evaluations and the audit carried out in 1998 have enabled the following lessons to be learned: because of the geographical dispersal of the programme, insufficient coordination of the actions of various partners and a limited assessment of the financial and human resource capacities on the part of the Government and the United Nations Children's Fund (UNICEF), it has not been possible to achieve all the hoped-for results. There is a need for geographical concentration on a limited number of areas and for integrated targeting of high-impact strategies and activities within these areas. There is also a need to assess the feasibility of implementing actions at the decentralized level and to define the roles and responsibilities of each structure, as well as the integration mechanisms.

8. The intake and socialization centres for young children set up under the programme have not always functioned as successful community models for the integrated care of young children. Because of the lack of internalization, monitoring and coordination of the approach on the part of the partners and UNICEF, it has not been possible to combine early learning activities with health and nutritional monitoring or to stimulate community involvement. Continuation of the pilot programme requires a better knowledge of traditional practices with regard to the socialization of young children and an effective coordination of sectoral programme activities between UNICEF and the public services at the central and local levels.

9. The pilot programme on preventing HIV/AIDS transmission from mother to child in four urban health centres in Abidjan made it possible to move from research to a service delivery phase aimed at reducing the mother-to-child HIV/AIDS transmission rate from 25 per cent to 15 per cent. This achievement was possible because of: (a) the commitment of the authorities and real motivation on the part of health and social welfare personnel; (b) the development of a multisectoral partnership; and (c) the strengthening of staff skills in the areas of counselling, voluntary testing, maternal breastfeeding, coordination and supervision of activities. The progressive extension of this pilot programme to the district level should benefit from the lessons learned while developing strategies to limit the attrition (women who "fall through the cracks") seen throughout the process.

Proposed country programme strategy

10. The formulation of the cooperation programme for the period 2003-2007 is based on the priority problems of children and women and on analysis of their determinants and causal mechanisms. The programme relies on the rights and characteristics appropriate to the various stages of life. The choice of priority areas for action and the formulation of strategies take into account the recommendations of the Committee on the Rights of the Child and the priorities set by the Government, the Global Movement for Children and UNICEF for the period 2002-2005, in line with the medium-term strategic plan. It also incorporates the programming thrust developed in the process of preparing the Common Country Assessment, the United Nations Development Assistance Framework and a joint United Nations strategic framework to combat HIV/AIDS.

11. The goal of the 2003-2007 cooperation programme, which comprises five projects, is to contribute to improving the living standards of children and women, with special attention to the most vulnerable groups, while ensuring respect for their rights and the exercise thereof. It will contribute to: (a) reducing infant, child and maternal mortality rates; (b) reducing the prevalence of malnutrition among children under 5 and among pregnant and nursing women; (c) reducing the incidence of HIV/AIDS, with special attention to preventing transmission from mother to child and among teenagers; (d) providing the largest possible number of children with quality basic education while eliminating disparities between girls and boys; (e) creating a family, community and institutional environment conducive to addressing the specific needs of children and teenagers in a manner appropriate to their welfare and development; and (f) improving the design and monitoring of social policies better targeted to children and women and to the most vulnerable populations.

12. At the national level, UNICEF cooperation will focus on disease prevention (through immunization, micronutrients and preventing HIV/AIDS transmission). It will support the formulation of targeted social policies and the effective mobilization of civil society, authorities and planning organs around actions geared to the needs and rights of children, including the allocation of national resources to essential basic services. It will develop advocacy and financial mobilization on behalf of children. The programme will support the definition of a holistic development policy for young children which takes into account national experience and reality.

13. The programme will be concentrated in seven departments (15 per cent of the country's population), including one urban area, chosen on the basis of worrying social indicators. This concentration will make it possible to improve the situation regarding health, nutrition, education, water and hygiene, early learning and child welfare through approaches based on decentralization, integration, community participation and cross-sectoral coordination. Access to quality services will be supported by an integrated communication plan which will place emphasis on an effective participation of community, youth and women's organizations in the microplanning, analysis and decision-making processes linked to the programme. At the same time, the strengthening of communication skills on the part of service providers will help to improve service delivery and give rise to a dynamic of ownership of the actions at the decentralized level. The programme will support the creation of community socialization centres for young children around which early learning, health, nutrition, water and hygiene activities will coalesce. Water, hygiene

and sanitation activities will be based in health centres, schools and community socialization centres with a view to an integration of the services and support for communication aimed at behaviour modification. Specific actions based in certain areas (eradication of dracunculiasis, control of child trafficking and the worst forms of child labour, emergency preparedness and response) will also be carried out.

14. The **health and nutrition** programme comes under the national goals of reducing child and maternal mortality. In synergistic and complementary cooperation with the United Nations Population Fund (UNFPA), the World Health Organization, the German Agency for Technical Cooperation, the Belgian aid agency and non-governmental organizations (NGOs) present in the target areas, district health units will be revitalized in the spirit of the Bamako Initiative, in terms of access, quality and integration of essential delivery and neonatal care, infant care and specific advice and care for teenagers. Revitalization will include capacity-building for health and social welfare personnel, community management structures and NGOs, and communication aimed at the development of appropriate behaviours with a view to strengthening disease prevention (through immunization, epidemiological monitoring, good nutrition and hygiene) and the rapid and adequate assumption of responsibility for them. The programme will contribute to reducing the incidence of HIV/AIDS through the progressive extension at the district level of efforts to prevent mother-to-child transmission. The recommendations of studies on access to and equity of care in urban areas will be implemented in the pilot health centres in Abidjan.

15. The **basic education** programme will support implementation of the primary education components of the national education and training development plan. In complementary and synergistic cooperation with the World Bank, the African Development Bank, the World Food Programme (WFP) and UNFPA, strategies conducive to increasing the net school enrolment rate by at least 10 per cent and helping to keep children, particularly girls, in school, will be initiated in the target areas. An improvement in the quality of education and the environment conducive to learning will be brought about through teacher training, revision of the curricula, education for peace and tolerance and the installation of water points, latrines and hygiene clubs. Alternative and self-perpetuating strategies that take into account the opportunity costs of educating girls will be developed and implemented on a trial basis with community involvement. The programme will seek to extend life skills to children and teenagers outside the school system through literacy projects and coordination between formal schools and Koranic schools. A communicative approach adapted to school and non-school settings will be developed in the target areas, with a view to helping at least 75 per cent of children and teenagers to acquire the knowledge and skills needed to prevent HIV/AIDS.

16. The **child and adolescent welfare** programme seeks to improve the institutional environment and the protection of children and teenagers at greatest risk in partnership with the International Labour Organization, the International Organization for Migration, Save the Children and the International Catholic Child Bureau (BICE). It will involve children who are subject to trafficking for the purposes of exploitation and to the worst forms of child labour, deprived of their liberty, infected with and affected by HIV/AIDS (including orphans), and at risk of harmful practices. Protective measures will include the prevention of acts that violate their rights, social reintegration and access to quality basic services, including in emergency situations. An approach will be implemented that involves teenagers in their own welfare and promotes their participation in decision-making processes.

17. The **social policy, monitoring and evaluation** programme will ensure that the needs and rights of children are taken into account in the formulation and implementation of social policies and programmes through the monitoring and dissemination of key indicators and in coordination with the follow-up of the 20/20 initiative and of the various agreements and conventions. Socio-economic and geographical databases will be developed in the target areas to monitor the situation of children and assess the results of the actions undertaken in line with the integrated monitoring and evaluation plan. At the national level, the programme will support monitoring of the situation and rights of children and the development, in cooperation with the Office of the United Nations High Commissioner for Refugees and WFP, of an early warning system for preventing and responding to emergency situations, including epidemics.

18. The cross-sectoral costs will include a portion of the salary costs contained in the support and operating expenses sections.

Estimated programme budget

Estimated programme cooperation, 2003-2007[a]

(In thousands of United States dollars)

	General resources	*Supplementary funds*	*Total*
Health and nutrition	6 200	4 000	10 200
Basic education	4 780	2 500	7 280
Child and adolescent welfare	2 505	1 500	4 005
Social policy, monitoring and evaluation	2 478	-	2 478
Cross-sectoral costs	1 700	-	1 700
Total	**17 663**	**8 000**	**25 663**

[a] These are indicative figures only which are subject to change once aggregate financial data are finalized.